4 , 1 med	n i	(print name)
ATE: 4/18/00	FROM: N	(but haire)
ORWARD TO: Art Unit: Class: Subclass: 94.1+	REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box) (check box)
URTHER EXPLANATION IF NE	ection in ac please unsider	constic Signal.
DATE:	FROM:	(print name)
FORWARD TO: A. Art Unit: 274 B. Class: 724 C Subclass:	REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box) (check box) (check box)
roop oh no	TCL, Supplession	7
	TSC Suppless TUP	(print name)
DATE: FORWARD TO CLASSIFIER	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	•
DATE: FORWARD TO CLASSIFIER	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): IEEDED:	(check box)
DATE: FORWARD TO CLASSIFIER FURTHER EXPLANATION IF N	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): IEEDED:	(check box)
DATE: FORWARD TO CLASSIFIER FURTHER EXPLANATION IF N	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): IEEDED: LASSIFICATION	(check box)

FURTHER EXPLANATION IF NEEDED: